

1135 U.S. PTO
01/11/02

01-14-02

A/Reissue

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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	M0925/7110
	First Named Inventor	Jackie Y. Ying
	Original Patent Number	6,013,591
	Original Patent Issue Date (Month/Day/Year)	January 11, 2000
	Express Mail Label No.	EL 844535023US

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies

18. CORRESPONDENCE ADDRESS

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